

Consumer Council News

November 23, 2004

Volume 7, Issue 12

My HealtheVet

As of November 11th all current users of My HealtheVet need to re-register in order to launch the beginning of the personal health record. This will improve data integrity and security. The Personal Health Record allows you to personalized your health information using the new health journal. Veterans can self register at www.myhealth.va.gov. There is information on benefits, special programs, health education and the personal

New Program Proposals in VHA Mental Health

The passage of Public Law 108-170 authorized \$25 million to fund improvements in VA mental health care. The legislation directs that specified amounts be used for Post-Traumatic Stress Disorder (PTSD) services, Substance Abuse services, and services for Veterans with serious mental illness.

\$4 million will be used to fund evidence based rehabilitation and recovery of services and \$6 million to be used to implement a separate evidence based service supported employment throughout VA. The funds are recurring for three years. It is expected that programs established with these funds will continue beyond the year funding cycle. In October the request for proposals were sent out to the Veterans Integrated Service Networks (VISNs). The request for proposals is designed to respond to the intent of Congress to fill gaps in services for veterans with serious mental ill-



We Care About Our Veterans

ness. This will fund new services for veterans. The Evidence-Based Psychosocial Rehabilitation Practices for Treatment of veterans with serious mental illness will be in the area of cognitive behaviorally oriented therapy, family psychoeducation, skill training and consumer driven self peer support interventions.

An exciting opportunity for VHA and others will be due in December and for new programs should be completed by February 2005. The VA's Action vision for mental health requires expansion of rehabilitative programs.

NAMI Family to Family Program

The three year Family-To-Family VA Healthcare System Project has ended with impressive accomplishments in promoting collaboration between NAMI and the VA. Family-To-Family (F2F) provides a structured program geared towards providing information and support to families of veterans with mental illness. The NAMI project is credited for initiating more than thirty sites reaching twelve of the twenty-three Veterans Services Integrated Networks (VISNs). Some accomplishments included:

- * Over 400 graduates (veteran and non-veteran families)
- * Invitations for NAMI to participate in VA sponsored events and committees
- * Increase interest by VA families in be-

coming F2F teachers

- * Projects that were funded each of the three years have incorporated F2F as an ongoing program offering within the VA facility. These projects greatly increased the visibility and value of NAMI to key VA staff and resulted in successful collaborations with them to promote F2F in the VA. NAMI hopes to keep the momentum going even though funding has ended for this project. Fund raising will continue and they will be making a video to promote the program.

Online Newsletter
www.mentalhealth.med.va.gov/cc

Newsletter sponsored by
VA Mental Health
Consumer Council
FAX comments to
Lucia Freedman at
202-273-9069 or
call 202-273-8370

Self Advocacy

Many people with disabilities have found that in order to obtain the services and supports they need for recovery, they must engage in self-advocacy. This implies standing up for oneself and communicating needs effectively and these are skills that can be learned. There are many advocates that teach self advocacy skills to help people resolve specific problems. Successful self-advocacy does not require extensive knowledge of legal concepts or complicated strategies. Rather a focus on basic concepts that people can learn easily and apply right away can have an immediate impact on people's lives. The Clearinghouse at Mental Health Association of South-eastern Pennsylvania has made the following ten suggestions:

- * Believe in yourself and what you can accomplish
- * Define your needs by making sure you can explain exactly what you need (ie:services etc.)
- * Seek out problem-solvers. Target people who

have the ability to make decisions or influence people who do.

- * Do a reality check by checking with others as to the situation you are presenting to help see where the case is strong or weak
- * Practice beforehand with a friend who can help in what you want to present and how to respond to questions.
- * Find an outlet for your anger which involves finding ways to let off steam.
- * Promise yourself a reward for unpleasant tasks.
- * Practice active listening. Let people talk, but don't remain completely silent Ask questions and restate what the person is saying to clarify issues.
- * Stick to the facts. People are more likely to be swayed by hard facts than they are by opinion
- * Follow up and send thank-you notes. Self-advocacy is about building relationships.

Mental Health Problems for Combat Troops in Iraq and Afghanistan

The New England Journal of Medicine published "Combat Duty in Iraq and Afghanistan, Mental Health Problems, and Barriers to Care" (July, 2004). Three Army units and one Marine Corps unit were surveyed for current symptoms of major depressive disorder, generalized anxiety disorder and PTSD. Of those whose responses met the screening criteria for a mental disorder according to the strict case definition, only 38 to 45 percent indicated an interest in receiving help, and only 23 to 40 percent reported having received professional help in the past year. In the military, there are unique factors that contribute to resistance to seeking such help, particularly concern about how a soldier will be perceived by peers and by the leadership. A conservative suggestion is that as many as 9 percent of soldiers may be at risk for men-

tal disorder before combat deployment, and as many as 11 to 17 percent may be at risk for such disorders three to four months after their return from combat deployment. Concern about stigma was disproportionately greatest among those most in need of help from mental health services.

The findings of this study have implications that are broad reaching. There needs to be efforts to address the problem of stigma and other barriers to seek out mental health care in the military. There needs to be a program of outreach, education and changes in the models of health care delivery, such as increases in the allocation of mental health services in primary care clinics and the provision of confidential counseling by employee-assistance programs. Routine screening needs to be done for major depression and

Information and Resources

Self-Advocacy Resources

Bazelon Center for Mental Health Law
www.bazelon.org

National Mental Health Information Center
www.Mentalhealth.samhsa.gov

Mental Health Services Research Program
www.psych.uic.edu/mhsrp